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ABSTRACT

This digest describes brief family consultation, a short-term strategy that enlists the home and school in an attempt to solve childhood behavior problems. Five criteria are given for assessing the functional status of a family: (1) parental resources; (2) chronicity; (3) communication between family members; (4) parental authority; and (5) rapport with professional helpers. Limitations of this approach are considered. (TE)

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HIGHLIGHTS ...An ERIC/CAPS Digest

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Brief Family Consultation in Schools

Introduction

Brief family consultation is a short-term strategy that enlists the home and school in an attempt to solve childhood behavior problems. It is ideally suited to a school setting where there are severe limitations on the counselor's time. Further, the skills involved draw upon those that are taught in most counselor education programs: active listening, behavior modification, and interpersonal communication.

Brief family consultation, in common with family therapy, is based on systems theory. Systems theorists assume that the presenting problem is not that of the child alone. Individual problems are seen as relationship problems. Experienced counselors are aware of the importance of working closely with the family when a child exhibits behavior problems. The family is in a powerful position to support or sabotage the best efforts of counselors and teachers on a child's behalf (Palmo, Lowry, Weldon, & Scioscia, 1984).

Assessment

A functional family can make rapid gains in counseling; a dysfunctional family will bog down in rigidly fixed patterns of communication and will resist the school counselor's attempts at change. Therefore, a quick method of assessing a family is important to the success of a short-term strategy.

A functional family, that is, one that will respond successfully to a brief intervention, will score "high marks" on each of these criteria: (a) parental resources, (b) chronicity, (c) communication between family members, (d) parental authority, and (e) rapport with professional helpers (Golden, 1988).

Parental resources. Are these parents capable of providing for their child's basic needs (food, shelter, and care)? A stable marriage, an extended family, and gainful employment are resources that work in favor of the parent's attempt to bring a child's misbehavior under control. On the other hand, young, immature, single parents have fewer resources at their disposal. Families in which there is a history of extreme poverty or alcoholism bring very limited capacity to the task of managing childhood behavior problems.

Chronicity. An acute problem with an identifiable psychosocial stressor presents an opportunity for behavior management; a chronic problem may indicate the need for long-term therapy. A parent's response such as, "She's always been a difficult child," suggests a less favorable prognosis than, "His grades have gone downhill since October, that's when I lost my job."

Communication between family members. Can family members communicate well enough to solve problems? According to Satir (1972), there is a normal tendency to close down communication during periods of stress. In dysfunctional families, closed communication is the rule, not the exception. This closed system is maintained by yelling, blaming, sarcasm, or more ominously, silence.

The following interaction illustrates a closed, defensive system:

> *Counselor:* (To 9-year-old) Tell your father how he can help you or encourage you to get better grades.
>
> *Father:* (Angrily interrupts) He would have to change his entire attitude before I'll help with a damn thing! He wants to squeak by doing nothing and that's just what he'll amount to!
>
> *Mother:* (Putting her arm around Jeff and addressing Father) You can't expect a child to do hours of homework after being in school all day long and on top of doing all of those ridiculous chores you make him do.

With his furious outburst, Father ensures that a meaningful dialogue with Jeff will be avoided. Mother reinforces her son's dependency by speaking on his behalf against Father.

Parental authority. Are parents effective in asserting authority? Parents in functional families hold an "executive" position within the family organization. In dysfunctional families parents surrender authority in the hope that conflict with the child can be avoided. Children in such families are often out of control.

Rapport with professional helpers. Can parents and professionals work together as a team? Do parents return phone calls? Are they punctual for conferences? Central to the issue is follow-through; the functional family does its "homework." Conversely, are the child's teachers responsive to parents?

Interventions

An accurate assessment of family functioning helps the school counselor decide which intervention to choose. A child in a dysfunctional family may need a referral for family therapy. A brief family consultation, however, may be sufficient for a misbehaving child in a functional family.

A brief family consultation requires three to five face-to-face family conferences. The process is best described by an example of what the counselor might say to parents in the initial interview. In this case, Brent, a sixth-grader, presents a problem of getting into fights.

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> I am interested in working with you for a short period of time, no more than five conferences, to help get Brent to stop fighting. I think you can manage this situation with only a little help from me and there is cause for optimism. Before he started 6th grade, there were no reports of any fighting. Brent is earning good grades and, except for fighting, is well-behaved. As parents, you have shown that you want to cooperate with school authorities to get this problem solved. For my part, I'll coordinate a team effort to include you, Brent's teachers, and Brent, himself, if he is willing. If he is not, we are still going to do everything we can to change his behavior.

The family, and perhaps the teachers, will want to know about their time commitment. When a brief consultation exceeds five family conferences without resolution of the problem, another option, such as a referral for family therapy, is called for. The time limitation can be therapeutic simply by exerting pressure for results on consultant, teachers, and parents (Chandler, 1983). Typically, the task of the teachers is to provide the parent with a daily report of the child's behavior. Note that contacts with the family are called "conferences," not "sessions, " because of the therapeutic associations of the latter term. Likewise, the term "consultation" serves to emphasize that the family does not need nor will it be receiving "therapy."

According to Haley (1980), parents must agree on three issues if they are to manage their child's behavior: (a) the specific behaviors that are desired from the child, (b) the mechanism by which the parents will know if their child has behaved in the desired way, and (c) the consequences for behavior or misbehavior. If marital discord surfaces, parents should be encouraged to work toward agreement for the good of their child and deal with their marital problems at some later time.

Family members may shut down communication in response to stress, such as that caused by a child's misbehavior. Unfortunately, it is precisely during a stressful episode that open communication is most important. A gentle and respectful application of basic, active listening skills (e.g., paraphrasing, reflection) will usually suffice to get people talking.

Parents are encouraged to take control of resources that could serve as reinforcers. For example, a child who is "independently wealthy," sporting a big allowance and a room full of electronic equipment, is in a position to ignore his parents' demands for behavior change. In this case, the child's allowance should be reduced to zero. He/she earns money by behaving responsibly.

Many of the best laid behavioral plans are defeated by ambivalence. In any brief strategy, the motto must be, "Go for it!" Continuation of problematic behavior, even in an otherwise competent child, may result in a negative and habitual style of coping with stress.

Limitations

While a systems intervention has great advantages over individual counseling, there are circumstances when an individual approach is desirable. If the family system is highly maladaptive, indeed, destructive, the task for the counselor may be to help the child develop sufficient self-worth and enough self-reliant behaviors to function independently.

A weakness of the systems approach is that the process is crippled if a key family member refuses to participate. However, a brief intervention can be effective in single-parent families (Golden, 1983).

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